
How to Change the Services Offered on the NCTracks Provider Record

Overview

This user guide provides step-by-step instructions for changing the services offered on the NCTracks provider record. The following service options are available on the provider record:

- Interpretation services, including TTY
- Patient languages you support
- Special needs supported
- Patient types supported

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Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov
2. The following page will display. Click the **Providers** tab at the top of the page.



Figure 1: NCTracks Home

- From the **Providers** page, click the NCTracks Secure Portal icon.

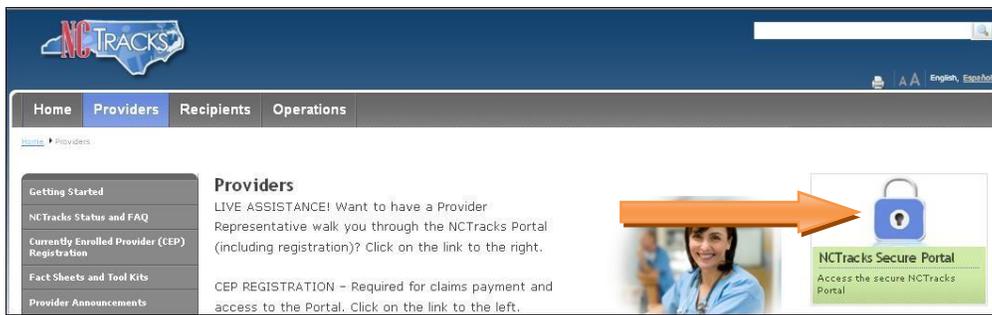


Figure 2: Providers Page

- The following login screen will display. Enter the NCID and password and click the **Log in** button.



Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

- The following Providers page will display. Click the **Status and Management** button.

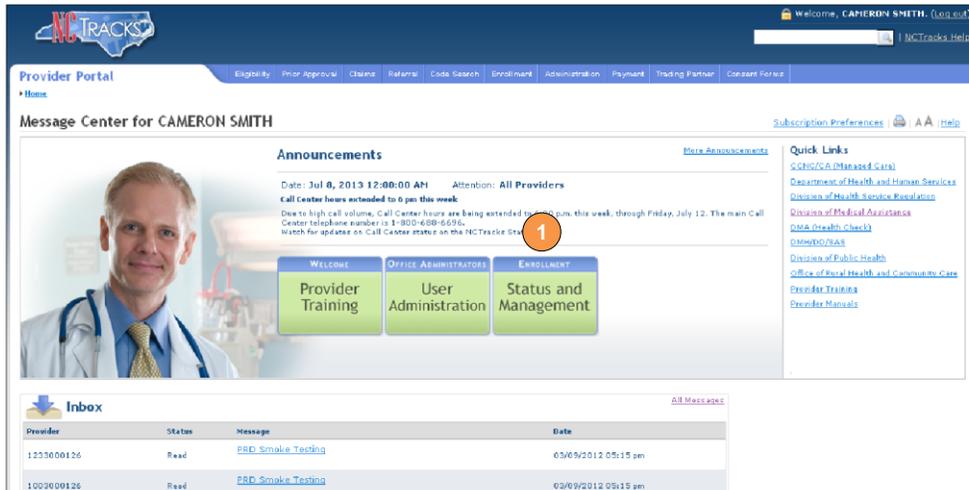


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 6 sections.

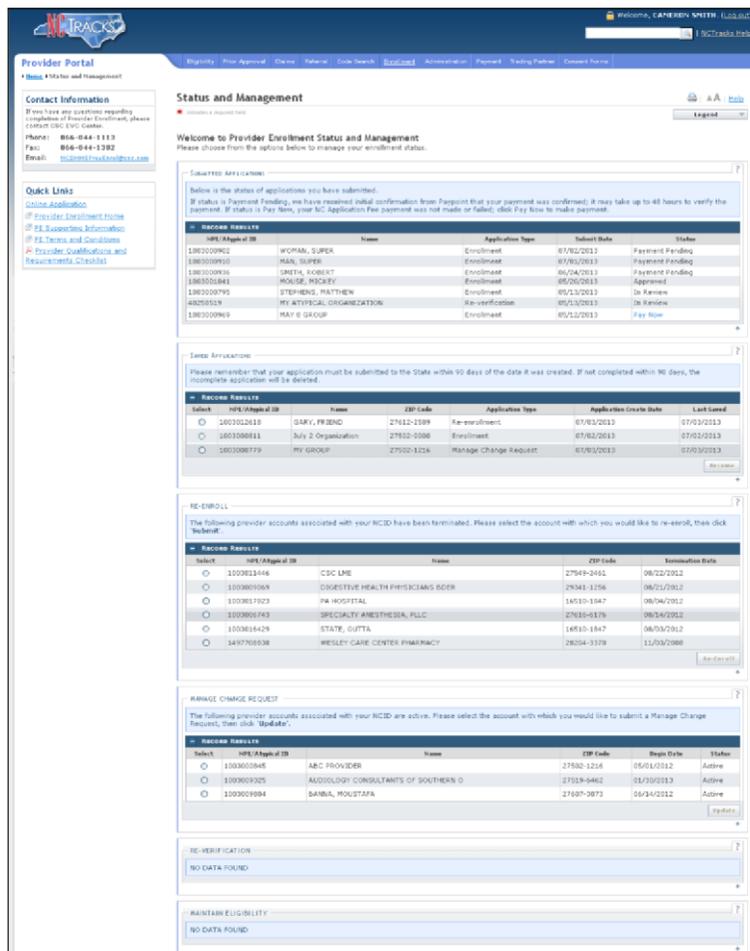
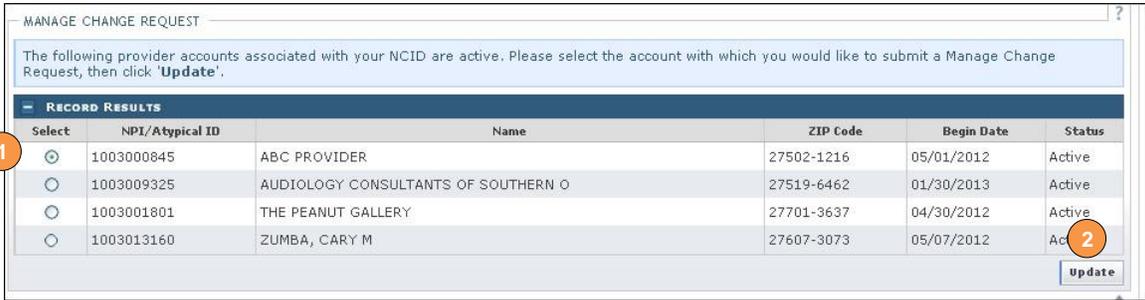


Figure 5: Status and Management Page

Status and Management Sections

1. **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
2. **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
3. **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
4. **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.

 If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.



Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input checked="" type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Ac

Figure 6: Select Manage Change Request

8. The **Individual or Organization Basic Information** screen will display. Click the “Next” button to continue.

 Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Services** page.

Figure 7: Basic Information Page

- On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the “Next” button. Continue to click the Next button until you reach the “Affiliated Provider Information” screen.

Figure 8: Attestation Statement

- The North Carolina DHHS Provider Administrative Participation Agreement - Terms and Conditions Page will display.

ALL providers must attest to the terms and conditions of the NC DHHS Medicaid Provider Administrative Participation Agreement. To attest and accept Medicaid Terms and Agreements, click the check box at the bottom of the page and click the “Next” button.

Figure 9: Attestation Statement

- Continue to click the next button through the Manage Change Request application until you reach the “Accreditation” page.

The **Save Draft** button will only save your progress and will not submit the Change Request for processing.

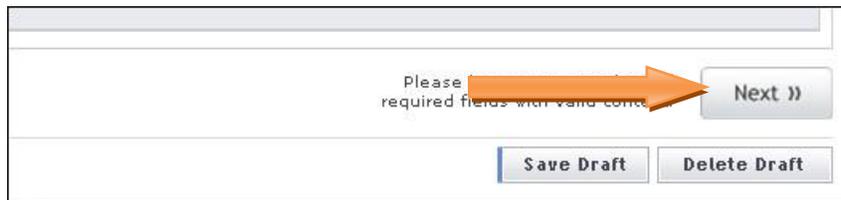


Figure 10: Click Next to Navigate

Adding or Removing Interpretation Services

If your provider record has more than one service location, it is important to note that you will need to be complete the changes for each service location.

1. The “Services” page will display. Under the “Interpretation Services” section, select “Yes” or “No” for all three service options.

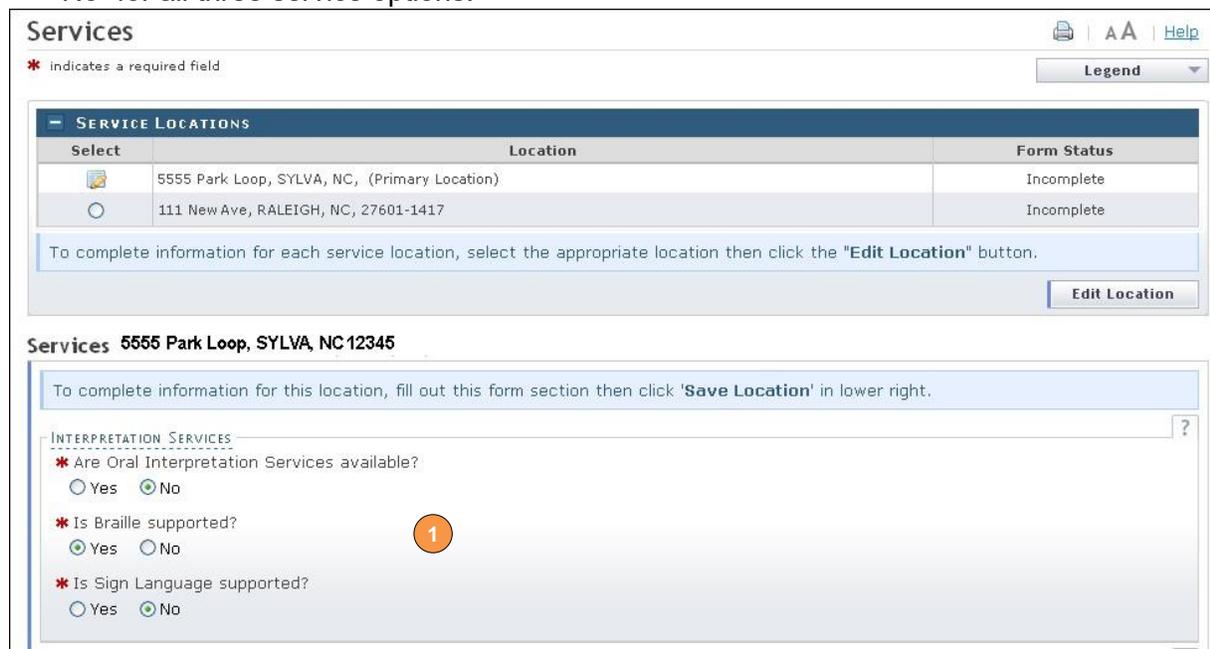


Figure 11: Services Page

Adding or Removing Languages Supported

2. Under the “Languages Supported in Office” section, highlight the languages supported in your office.

3. Click the “Add” button in the middle of the window to move the language to the “Selected Options” pane.



Figure 12: Services Page - Add Languages

Adding or Removing Special Needs Supported

4. Under the “Special Needs” section, click the check boxes to indicate the any special needs supported in your office.
5. To indicate whether your office is equipped with TDD/TTY services, click the “Yes” or “No” radio button.

Note: TDD (Telecommunications Device for the Deaf) and TTY (Teletypewriter) are electronic devices for text communication over a telephone line, designed for use by persons with hearing or speech difficulties.

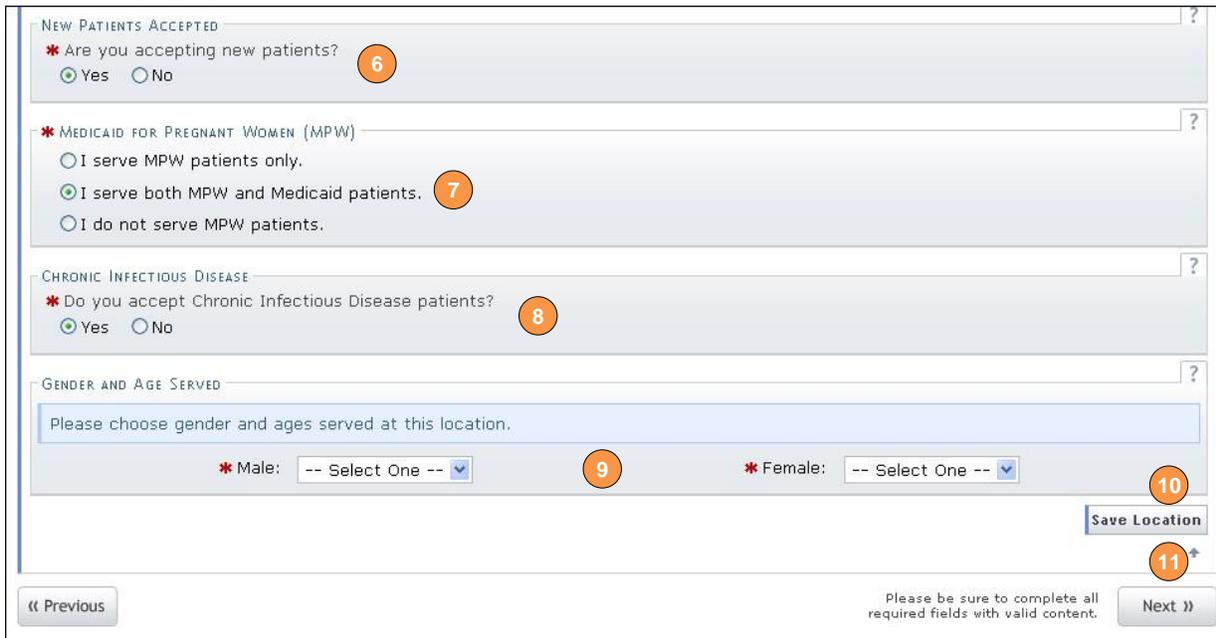


Figure 13: Services Page - Add Special Needs

Changing Supported Patient Types

6. To indicate whether your office is currently accepting new patients, click the “Yes” or “No” radio button.
7. To indicate whether your office currently serves Medicaid for Pregnant Women (MPW) patients, click the “Yes” or “No” radio button.
8. To indicate whether your office currently accepts Chronic Infectious Disease patients, click the “Yes” or “No” radio button.
9. Select the age ranges serviced from each gender drop down menu. If you do not serve a particular gender, select “Not Served” from the drop down menu.
10. For multiple service locations, click the “Save Location” button.

11. Click the “Next” button until you reach the “Sign and Submit” page.



The screenshot shows a web form titled "Services Page - Add Other Services". It is divided into several sections, each with a question and radio button options:

- NEW PATIENTS ACCEPTED**: Question: "Are you accepting new patients?". Options: Yes (selected), No.
- MEDICAID FOR PREGNANT WOMEN (MPW)**: Question: "I serve MPW patients only." Options: I serve MPW patients only., I serve both MPW and Medicaid patients. (selected), I do not serve MPW patients.
- CHRONIC INFECTIOUS DISEASE**: Question: "Do you accept Chronic Infectious Disease patients?". Options: Yes (selected), No.
- GENDER AND AGE SERVED**: Instruction: "Please choose gender and ages served at this location." Options: Male: "-- Select One --", Female: "-- Select One --".

At the bottom right, there is a "Save Location" button and a "Next" button. A "Previous" button is at the bottom left. A note at the bottom right says: "Please be sure to complete all required fields with valid content."

Figure 14: Services Page - Add Other Services

Signing and Submitting the Manage Change Request

1. Enter your NCID and password, as well as the **PIN** number. Click the **Submit Now** button to submit the application.

Sign and Submit Electronic Application

* indicates a required field Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

* Login ID (NCID): [Forgot Login ID](#) * Password: [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **CAMERONSMITHTRAIN@GMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at **866-34-1113** if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

Note: If you click '**Submit Later**' button, electronic signature information and the attached **4** will not be saved.

Figure 15: Sign and Submit